IPDR6702				NORTH CAROLINA		PAGE:	1	
	: 09/12/2004		IPRS	CHECKWRITE SUMMARY REPORT		11001		
			CH	ECKWRITE DATE: 09/14/2004				
				FINANCIAL PAYER: NCDMH		-	1	
							moma r	moma r
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	167	295	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS				
	H/DD/SAS			AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
				AT THE CARLES				
		8599	275	DETAIL NOT COVERED BY COMBINAT	7	3 688	1556	86
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0021	61	AMBUG TARY TOTAL BO DESCRIPTION				
		8931	61	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0			0 0		
		-			1	0 0	0	
3404904	WESTERN HIGHLAN	8599	16	DETAIL NOT COVERED BY COMBINAT		<u> </u>		
	DS LME			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
-		8000	11	NO RATE AVAILABLE ON FILE TO P	1		1	1
		0000	4.4	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL		0 31	267	17
		+			1	1	 	
				<u> </u>			1	
		8518	2	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
2404005		0505	5.0	CLAIM DENIED, REFERRING PROVID				
3404905	TREND COMM MENT	8525	50	ER MUST BE AN LMA.				
	AL HLTH CTR			ER MOOT BE AN EMA.				
		0	0			0 50	50	(
3404907	RUTHERFORD-POLK	8326	386	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		191	29	CLIENT ID NUMBER DOES NOT MATC		0 415	415	
				H PATIENT NAME		415	413	
3404910	PATHWAYS	8599	348	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	269	DIAGNOSIS OR SERVICE INVALID F		0 784	14690	1390
				OR CLIENT AGE. VERIFY CID,		704	14690	1390
				DIAGNOSIS, PROCEDURE CODE FOR				
						<u> </u>		
		27	61	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE			1	
-	+		1	CORRECT DIAGNOSIS CODE AND SUB	1	+		1
3404912	CATAWBA COUNTYM	8931	105	AMTNC INELIGIBLE TO RECEIVE SE			-	
		1.77	1		-		1	
				RVICES IN IPRS.			.	l
	ENTAL HEALT			RVICES IN IPRS.				
		8599	21	DETAIL NOT COVERED BY COMBINAT	11	0 151	1076	86
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	11	0 151	1076	86
		8599	21	DETAIL NOT COVERED BY COMBINAT	11	0 151	1076	86
		8599	21	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	0 151	1076	86
		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	11	0 151	1076	86
		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA	11	0 151	1076	86
		27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	11	0 151	1076	869
3404913		8599 27 8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LIO. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT	11	0 151	1076	86
3404913	ENTAL HEALT	27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	11	0 151	1076	86
3404913	ENTAL HEALT MECKLENBURG COM	27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LIO. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT	11	0 151	1076	86
3404913	ENTAL HEALT MECKLENBURG COM	27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	ENTAL HEALT MECKLENBURG COM	27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	93		1076	
3404913	ENTAL HEALT MECKLENBURG COM	27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	ENTAL HEALT MECKLENBURG COM	27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE				
3404913	ENTAL HEALT MECKLENBURG COM	27	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE ADTIC INELIGIBLE TO RECEIVE SE				
3404913	ENTAL HEALT MECKLENBURG COM	27 8599	1376	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER		HICH DENIES	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS	CLAIMS
HOHDEN	PROVIDER NAME	2020	DINTILLO	MADONAL 220M	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							1
		0	0		0	0	7	0
3404917		8517	5.60	CTATMO DENTED CHEMITTED DEVON				
2404311	CENTERPOINT HUM	0317	568	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
	AN SERVICES			THROUGH APRIL DOS MUST BE SUBM				
		8518	167	CLAIM DENIED, SUBMITTED BEYOND	2	740	837	11
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404918		8599	4.4	DETAIL NOT COVERED BY COMBINAT				
2404310	ROCKINGHAM CO M	0399	44	ION OF RECIPIENT, PROVIDER AND				-
	ENTAL HEALT		+	BENEFIT PACKAGE.	 	 		
			+		 	 		
		8935	7	ASTNC INELIGIBLE TO RECEIVE SE	7	56	428	364
			1	RVICES IN IPRS.	<u> </u>	50	420	304
			1					
			1					
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
2404040		0540	225					ļ
3404919	GUILFORD CO MEN	8518	225	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND				
	TAL HEALTHC			JUNE DOS MUST BE SUBMITTED BY				-
				BONE DOS MOST BE SOBMITTED BI				
		8599	102	DETAIL NOT COVERED BY COMBINAT	42	448	3442	2534
				ION OF RECIPIENT, PROVIDER AND	42	440	3442	2334
				BENEFIT PACKAGE.				
		120	35	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404920	ALAMANCE CASWEL	0	0	*** NO DATA TO REPORT ***				
	L AREA MH D							
		0	0			0	7	
						U	,	U
3404921	ORANGE PERSON C	8599	90	DETAIL NOT COVERED BY COMBINAT				
	HATHAM AREA			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	50	DUPLICATE OF CLAIM-SYSTEM	30	255	1731	1440
			4		ļ			
			1		-	-		
		5404	42	SEVERE DUPLICATE: SAME ATTD PR	 	 		
			+-	OV/PCODE/TOS/DOS/MOD	 	 		
			+		 	 		†
			1		1			
3404922	THE DURHAM CENT	8518	98	CLAIM DENIED, SUBMITTED BEYOND	1			t
	ER		1	FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	55	CLAIMS DENIED, SUBMITTED BEYON	0	153	153	. 0
			4	D FILING TIMELIMIT. JULY	ļ			
			1	THROUGH APRIL DOS MUST BE SUBM	-	-		
3404923	HOPE ADDA ASSESSED	8599	528	DETAIL NOT COVERED BY COMBINAT	-	-		
	VGFW AREA AUTHO			ION OF RECIPIENT, PROVIDER AND	 	 		+
	RITY		+	BENEFIT PACKAGE.	 	+	1	+
			+		 	 		
		10	37	DIAGNOSIS OR SERVICE INVALID F	0	583	2062	1474
				OR CLIENT AGE. VERIFY CID,		303	2302	22/2
				DIAGNOSIS, PROCEDURE CODE FOR				†
		11	18	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8599	723	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	475	DIAGNOSIS OR SERVICE INVALID F				
		10	4.75	OR CLIENT AGE. VERIFY CID,	292	2407	8125	5671
				DIAGNOSIS, PROCEDURE CODE FOR				
		8517	317	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404926	SOUTHEASTERN RE	8599	292	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	265	CLIENT NOT ELIGIBLE ON SERVICE	57	767	2883	2083
				DATE				
		8517	36	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
240405-		25.00	070					
3404927	CUMBERLAND CO M	8599	279	DETAIL NOT COVERED BY COMBINAT				ļ
	HC			ION OF RECIPIENT, PROVIDER AND				ļ
	4			BENEFIT PACKAGE.				ļ
	+	0517	22	CIAIMO DENTED CHEMITETES DEVON				
	+	8517	22	CLAIMS DENIED, SUBMITTED BEYON	1	385	3768	3054
	1			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM			1	ļ
				THROUGH APRIL DUS MUST BE SUBM			 	
		8622	21	60 RESIDENTIAL LEVEL II TREATM				
		0022		ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
				TON HODITIONIE OBIVIOE.				
3404929	LEE HARNETT MH/	8518	14364	CLAIM DENIED, SUBMITTED BEYOND				
	DD/SAS			FILING TIMELIMIT. MAY AND				
	DD/ SAS			JUNE DOS MUST BE SUBMITTED BY				
		8599	869	DETAIL NOT COVERED BY COMBINAT	0	15847	21537	5674
				ION OF RECIPIENT, PROVIDER AND	_			
				BENEFIT PACKAGE.				
		21	424	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
		0	0		0	0	0	C
		o .	0		0	0	0	C
3404931		0500	0	DESIGN NOT COMPANY BY COMPANY	0	0	0	C
3404931	WAKE CO HUM SVC	8599	187	DETAIL NOT COVERED BY COMBINAT	0	0	0	C
3404931	WAKE CO HUM SVC BILLING OF	8599	187	ION OF RECIPIENT, PROVIDER AND	0	0	0	C
3404931		8599	187		0	0	0	C
3404931				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			0
3404931		8599	187	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE	185	583		2664
3404931				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	185			2664
3404931				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE	185			2664
3404931				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE	185			2664
3404931		8935	110	ION OF RECIPIENT, PROVIDER AND BEWEIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	185			2664
3404931		8935	110	ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE	185			2664
3404931		8935	110	ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE	185			2664
3404931	BILLING OF	8935	110	ION OF RECIPIENT, PROVIDER AND SEMEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE	185			2664
		8935	110	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	185			2664
	BILLING OF RANDOLPH/SANDHI	8935	110	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	185			2664
	BILLING OF RANDOLPH/SANDHI	8935	110	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	185			2664
	BILLING OF RANDOLPH/SANDHI	8935	110	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	185		16117	2664
	BILLING OF RANDOLPH/SANDHI	8935	110	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	185	583	16117	2664
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C	8935 8931 0	73	ION OF RECIPIENT, PROVIDER AND BEWEIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT ***	185	583	16117	2664
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935	110	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT	185	583	16117	2664
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C	8935 8931 0	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	195	583	16117	2664
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT	185	583	16117	2664
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0 0	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	583	16117	(
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	185	583	16117	C
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0 0	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. ANTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	583	16117	2664
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0 0	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	0	583	16117	C
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0 0 0 8599	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	583	16117	C
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0 0	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTINC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE NO RATE AVAILABLE ON FILE TO P	0	583	16117	C
	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT	8935 8931 0 0 0 8599	73	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	0	583	16117	C

	T		1		T	1		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLOW COUNTY B	8326	86	ATTENDING PROVIDER NUMBER IS R				
	EHAVIORAL H			EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		8599	3.9	DETAIL NOT COVERED BY COMBINAT		4.74	44.0	0.40
				ION OF RECIPIENT, PROVIDER AND	1	171	419	248
				BENEFIT PACKAGE.				
		11	37	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	n
					0			
3404936	WILSON-GREENE M	21	1309	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		8518	25	CLAIM DENIED, SUBMITTED BEYOND	13	1360	2456	1082
	+	1	1	FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
		-	-	COAL DOS MOST BE SOBRETTED BI				-
		8931	9	AMTNC INELIGIBLE TO RECEIVE SE				
	1			RVICES IN IPRS.				
			 					
			1					
3404937	EDGECOMBE NASH	8517	61	CLAIMS DENIED, SUBMITTED BEYON				
	MNTL HLTH C			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	21	DETAIL NOT COVERED BY COMBINAT	3	110	2997	2878
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	9	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404938	VGFW DBA RIVERS	24	12	PROCEDURE CODE, PROCEDURE/MODI				
	TONE COUNSE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		100	-					
		120	ь	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	10	33	210	175
				AS A NEW CLAIM				
				II WAN CALLED				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404939	NEUSE MENTAL HE	8599	26	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
			-	BENEFIT PACKAGE.				
		8526	9	CLAIM DENIED, UNITS BILLED MUS	-		4.5	***
			-	T BE GREATER THAN ZERO	0	44	1340	1275
			 					
			1					
		8517	4	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
								. —
				THROUGH APRIL DOS MUST BE SUBM				
2404042		0500	220					
3404941	PITT CO MH/DD/S	8599	320	DETAIL NOT COVERED BY COMBINAT				
3404941	PITT CO MH/DD/S AS CENTER	8599	320	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404941		8599	320	DETAIL NOT COVERED BY COMBINAT				
3404941		8599	320	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	20	EAC	1623	gr.
3404941				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	546	1611	553
3404941				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE	20	546	1611	553
3404941				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS	20	546	1611	553
3404941				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN	20	546	1611	553
3404941		8329	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	20	546	1611	553
3404941		8329	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN	20	546	1611	553
	AS CENTER	8329	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	20	546	1611	553
3404941	AS CENTER AS CENTER ROANOKE CHOWANH	8329	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CIO AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON	20	546	1611	553
	AS CENTER	8329	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	20	546	1611	553
	AS CENTER AS CENTER ROANOKE CHOWANH	8329	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CIO AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON	20	546	1611	553
	AS CENTER AS CENTER ROANOKE CHOWANH	8329	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	20			
	AS CENTER AS CENTER ROANOKE CHOWANH	8329 120 8517	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENVER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING THEELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	20	546	1611	
	AS CENTER AS CENTER ROANOKE CHOWANH	8329 120 8517	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING THELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM CLIENT ID NUMBER DOSE NOT MATC	20			
	AS CENTER AS CENTER ROANOKE CHOWANH	8329 120 8517	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING THELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM CLIENT ID NUMBER DOSE NOT MATC	20			
	AS CENTER AS CENTER ROANOKE CHOWANH	8329 120 8517	93	DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	20			
	AS CENTER AS CENTER ROANOKE CHOWANH	8329 120 8517	93	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH AFRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	20			
	AS CENTER AS CENTER ROANOKE CHOWANH	8329 120 8517	93	DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LWA CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	20			199

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	14	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8505	5	CLAIM DENIED DUE TO INSUFFICIE		0 20	25	5 !
				NT BUDGET				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	8931	85	AMTNC INELIGIBLE TO RECEIVE SE				
	N SERVICES			RVICES IN IPRS.				
								+
		8599	80	DETAIL NOT COVERED BY COMBINAT	18	9 387	2942	2 2386
				ION OF RECIPIENT, PROVIDER AND				1
				BENEFIT PACKAGE.				+
		8935	78	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				+
								+
								+
3404946	FOOTHILLS AREAM	0	0	*** NO DATA TO REPORT ***				+
	ENTAL HEALT							+
	111111111111111111111111111111111111111							+
								+
		0	0			0 0	(1
							`	1
								+
3404957	TIDELAND MENTAL	0	0	*** NO DATA TO REPORT ***				+
	HEALTH CTR							+
	manual Can							+
				+				+
		0	0	+		0 0	2	2 1
				+			<u> </u>	+
						1		+
3404979	DAVIDSON CO MEN	8517	2	CLAIMS DENIED, SUBMITTED BEYON		1		+
	TAL HLTH CT			D FILING TIMELIMIT. JULY		1		+
	TAL BLIB CT			THROUGH APRIL DOS MUST BE SUBM			-	+
						1	l	+
		0	0			0		n (